

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print name and address on the reverse so we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
ALL STATE FREIGHTWAYS, INC.
114 LACY LANE
HOPKINSVILLE, KENTUCKY 42240

A. Signature

X *Harvey Wood*☐ Agent☒ Addressee

B. Received by (Printed Name)

Harvey Wood

C. Date of Delivery

*8/18/06*D. Is delivery address different from item 1?
If YES, enter delivery address below:☐ Yes☐ No*Old CV 719*
StC

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7003 1010 0005 3806 4727

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540